

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 OCT 14 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082008 Chg-P CR2E034 (12/06)

DOCUMENT # 855267 1. Entity Name NATIONAL INSURANCE COMPANY				
Principal Place of Business 238 PALERMO AVE. CORAL GABLES, FL 33134 US		Mailing Address 238 PALERMO AVE. CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

4. FEI Number 59-2584679	66-0237614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D CRUZ, RAMON <input type="checkbox"/> Delete	TITLE	SD CRUZ, RAMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 MUNOZ RIVERIA AVENUE	NAME	510 MUNOZ RIVERIA AVENUE
STREET ADDRESS	HATO REY, PR 00918	STREET ADDRESS	SAN JUAN, PR 00918
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RAMOS GONZALEZ, VIRGILIO <input type="checkbox"/> Delete	TITLE	V RIVERA, LUIS F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	510 MUNOZ RIVERA AVE.	NAME	510 MUNOZ RIVERA AVENUE
STREET ADDRESS	HATO REY, PR 00918	STREET ADDRESS	SAN JUAN, PR 00918
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD DE GARCIA, MARIA JULIA C <input type="checkbox"/> Delete	TITLE	V BARGUEZ, JUAN J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	510 MUNOZ RIVERA AVE.	NAME	238 PALERMO AVENUE
STREET ADDRESS	HATO REY, PR 00918	STREET ADDRESS	CORAL GABLES, FL 33134
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PS VAN RHYN, EDGARDO <input type="checkbox"/> Delete	TITLE	PD VAN RHYN, EDGARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 MUNOZ RIVERA AVENUE	NAME	510 MUNOZ RIVERA AVENUE
STREET ADDRESS	HATO REY, PR 00918	STREET ADDRESS	SAN JUAN, PR 00918
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CD BENITEZ, CARLOS M., JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 MUNOZ RIVERA AVE.	NAME	
STREET ADDRESS	HATO REY, PR 00918	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BENITEZ, JORGE E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	238 PALERMO AVE.	NAME	
STREET ADDRESS	CORAL GABLES, FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan J. Cruz* 10-09-08 305-446-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #